

FOR LOCATOR SERVICE		
NAME <i>(Last Name - First Name - Middle Initial)</i>	SOCIAL SECURITY ACCOUNT NUMBER	DATE
FROM:		REMARKS
<div>TO: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 100px; vertical-align: middle;"></span></div> <div><span style="border: 1px solid black; display: inline-block; width: 100px; height: 100px; vertical-align: middle;"></span></div>		

FOLD ON LINE

LOCATOR SERVICE FURNISHED	
FROM:	DATE
<div>TO: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 100px; vertical-align: middle;"></span></div> <div><span style="border: 1px solid black; display: inline-block; width: 100px; height: 100px; vertical-align: middle;"></span></div>	

*MEMBER'S CURRENT ADDRESS  
(To be completed by  
The Adjutant General)*

DA FORM 2695, SEP 70

EDITION OF 1 JUL 69 IS OBSOLETE.

**REQUEST FOR LOCATOR SERVICE**

For use of this form, see AR 37-104-2; the proponent agency is Office of the Comptroller of the Army.

USAPPC V1.00